

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001377

FILED
Mar 31, 2009
Secretary of State

Entity Name: THE BRICKMAN GROUP LTD LLC

Current Principal Place of Business:

18227 FLOWER HILL WAY
STE D
GAITHERSBURG, MD 20879

New Principal Place of Business:

Current Mailing Address:

18227 FLOWER HILL WAY
STE D
GAITHERSBURG, MD 20879

New Mailing Address:

FEI Number: 42-1724313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MR () Delete
Name: BRICKMAN, SCOTT
Address: 18227 FLOWER HILL WAY, SUITE D
City-St-Zip: GAITHERSBURG, MD 20879

Title: MR. () Delete
Name: HJELLE, MARK
Address: 18227 FLOWER HILL WAY, SUITE D
City-St-Zip: GAITHERSBURG, MD 20879

Title: MR. () Delete
Name: SKARUPA, ANTHONY
Address: 18227 FLOWER HILL WAY, SUITE D
City-St-Zip: GAITHERSBURG, MD 20879

Title: MR () Delete
Name: TYLER, ROBERT
Address: 18227 FLOWER HILL WAY, SUITE D
City-St-Zip: GAITHERSBURG, MD 20879

Title: MR (X) Delete
Name: OBLACZYNSKI, JOHN
Address: 2260 WEST CABOT BLVD., SUITE 300
City-St-Zip: LANGHORNE, PA 19047

Title: MR. () Delete
Name: POLOZIE, STEPHEN
Address: 18227 FLOWER HILL WAY, SUITE D
City-St-Zip: GAITHERSBURG, MD 20879

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEPHEN POLOZIE

VP

03/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date